# Hereditary Traits Activity

* You are “Person 1”
* For each trait, determine whether you have that trait or not. Place a “Y” in the column if you possess that trait, and an “N” in the column if you do not.
* Find 3 other people and get their hereditary trait information. Put your name and their name in the column heading.
* You may add other traits as well

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Trait** | **Person 1** | **Person 2** | **Person 3** | **Person 4** |
| **Roll your tongue** into a “U” shape |  |  |  |  |
| **Wiggle your ears** without touching them |  |  |  |  |
| **Cleft in the chin** – center of your chin has an indentation |  |  |  |  |
| **Straight little finger** – the last segment of your pinkie is straight, not curving toward the ring finger |  |  |  |  |
| **Straight thumb** – when you hold out your hand, your thumb segments are straight |  |  |  |  |
| **Freckled** Forehead |  |  |  |  |
| Freckled Cheeks |  |  |  |  |
| **Dimples** on your cheeks |  |  |  |  |
| Thick patch of hair on the middle section of your fingers |  |  |  |  |
| Widow’s Peak **hairline** |  |  |  |  |
| Hanging **earlobes** vs. “attached” earlobes |  |  |  |  |
| Obvious Sideburns |  |  |  |  |
|  |  |  |  |  |

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**The following traits are more complex because more than one gene is involved as well as other factors.**

A. Fold your hands in your lap. Then, notice which thumb is on top … your right-hand thumb or your left-hand thumb? Collect data from the other 3 people and fill in the table below:

|  |  |  |
| --- | --- | --- |
|  | Right thumb on top | Left thumb on top |
| Yourself |  |  |
| Other 3 people |  |  |

# B. Fill out the table below for yourself and then for the other 3 people regarding the kind of hair you have on your head (wavy, curly, straight)?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Wavy | Curly | Straight |
| Yourself |  |  |  |
| Other 3 people |  |  |  |

C. What color eyes do you have? Find out the eye color and number for each color for 10 people. Use predominant colors.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Eye Color | Brown | Blue | Green |  |  |
| Yourself |  |  |  |  |  |
| Other 3 people |  |  |  |  |  |

D. Measure the height of yourself and the three other people to the nearest tenth of a meter. Then fill out the table below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Your height | Person 1 | Person 2 | Person 3 | Tallest | Shortest |
|  |  |  |  |  |  |